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To: Examiner Paul A. Roberts Group Art Unit: 3731	From: Thomas Spinelli
Fax: 703-872-9306	Pages: 21 Including cover
Phone:	Date: 2/18/2004
Re: Dale R. Schulze U.S. Patent Appln. No. 09/966,971 Our Docket: 14826 (ETH-1579)	CC:

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1. Amendment Transmittal in duplicate
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 14826 (ETH-1579)	
Applicant(s): Dale R. Schulze				
Serial No. 09/966,971	Filing Date 9/28/2001	Examiner Paul A. Roberts		Group Art Unit 3731
Invention: ARRANGEMENT AND METHOD FOR VASCULAR ANASTOMOSIS				RECEIVED CENTRAL FAX CENTER FEB 18 2004
<div style="text-align: right;">OFFICIAL</div> <p>I hereby certify that this <u>AMENDMENT UNDER 37 C.F.R. 1.111</u> <small>(Identify type of correspondence)</small> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>February 18, 2004</u> <small>(Date)</small></p> <p style="text-align: right;"><u>Thomas Spinelli</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small></p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

P18/REV01

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 14826 (ETH-1579)	
Applicant(s): Dale R. Schulze					
Serial No. 09/966,971	Filing Date 9/28/2001	Examiner Paul A. Roberts		Group Art Unit 3731	
Invention: ARRANGEMENT AND METHOD FOR VASCULAR ANASTOMOSIS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	40 -	40 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: February 18, 2004		
Thomas Spinelli Registration No. 39,533 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>_____ <i>Signature of Person Mailing Correspondence</i></p><p>_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div>		
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